Madigan Army Medical Center
Referral Guidelines

Knee Pain (Traumatic)

Diagnosis/Definition

Knee pain, instability or loss of motion related to a specific traumatic event.

Initial Diagnosis and Management

- History (special attention to mechanism of injury) and physical examination.
- Radiographs to rule out fractures.
- Obvious fracture, instability, or motor disruption: refer (see below).
- Initial exam may be difficult due to pain and/or significant effusion.
- In these cases, treat w/ice and compression for 4-14 days and reassess.
- Exercises should be initiated immediately to prevent loss of muscle tone and bulk (*consult PT for instruction and/or supervision of exercises).

Ongoing Management and Objectives

- Repeat examination at 4 to 14 days for more definitive physical evaluation.
- Medial or lateral collateral ligament strains (w/o instability): treat with bracing, activity limitations and appropriate knee rehabilitation exercises. Treat for 6-8 weeks.
- MRI if effusion or other symptoms persist beyond 6-8 weeks.

Indications for Specialty Care Referral

- Patients with the following should be referred to Orthopedics:
- Any patient with obvious varus or valgus, or anterior or posterior drawer instability.
- All fractures about the knee.
- Any mechanical disruption.
- *Refer to Physical Therapy for above mentioned acute and rehabilitation exercises.

Criteria for Return to Primary Care

- Patients may be returned to Primary Care following evaluation, with suggestions for ongoing management.
- Patients will be returned to Primary Care following rehabilitation and stabilization of their orthopedic condition if they require surgical intervention. In such cases, there may be a necessity for periodic orthopedic evaluation.

Please also see the Knee Clinical Standard.

Last Review for this Guideline: **May 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division

Clinical Practice and Referral Guidelines Administrator